



LOUISIANA

BEEF

INDUSTRY COUNCIL

**Louisiana Beef Industry Council
Project Funding Agreement**

Name of Project _____

Name of Funded Entity _____

Name of Representative _____

Address _____

Phone Number _____

Email _____

Tax ID Number _____

Amount of Funding Approved _____

Date of Approval by LBIC _____

Immediate Funding _____ Reimbursable Funding _____

Anticipated Project Completion Date _____

The funding provided by the Louisiana Beef Industry Council to the above identified entity shall be subject to all state and federal laws and regulations and the following special conditions.

